ISSUE SLIP STAPLL AREA (for audinonal cross references) ID NO. INITIALS DATE **POSITION FEE DETERMINATION** O.I.P.E. CLASSIFIER FORMALITY REVIEW **INDEX OF CLAIMS** Non-elected Rejected Allowed Interference Appeal (Through numeral) Canceled Restricted Objected Date Date Claim Date Final Original Original 1 63 If mor than 150 claims or 10 actions stapl additional sheet here. (LEFT INSIDE)